



## 2019 ORGANIZATION INFORMATION FORM

Organization Name: \_\_\_\_\_ Web Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If applicable, list up to two other individuals who are authorized to submit facility requests for the organization

NAME	PHONE	EMAIL

Sport/Activity Type: \_\_\_\_\_

Governing Body Affiliations (ASA, USSSA, All World, US Soccer, etc): \_\_\_\_\_

Number of participants from previous year: \_\_\_\_\_ Number of Lincoln Residents: \_\_\_\_\_

**NOTE:** In order to determine or verify the resident status of your organization, your organization may be asked, at any time, to provide such documentation requested by the City, including rosters, player addresses, picture ID, utility bill, etc.

Insurance Provider: \_\_\_\_\_

Expiration Date of Current Policy: \_\_\_\_\_

### Board Member Information (if applicable)

TITLE	NAME	PHONE
President		
Vice President		
Secretary		
Treasurer		